



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT RANDOLPH HOSPITAL INC

City of Hospital: Winchester

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-1301

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10416133
Outpatient Patient Service Revenue	\$73759623
Total Gross Patient Service Revenue	\$84175756

2. Deductions From Revenue

Contractual Allowance	\$53941308
Other Deductions	\$2515812
Total Deductions	\$56457120

3. Total Operating Revenue

Net Patient Service Revenue	\$25227595
Other Operating Revenue	\$2622122
Total Operating Revenue	\$27849717

4. Operating Expenses

Salaries and Wages	\$5320683	Employee Benefits	\$1515413
Depreciation and Amortization	\$1350116	Interest Expense	\$486207
Bad Debt	\$2491040	Other Expenses	\$15100346
Total Operating Expenses	\$26263805		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4076952	Total Assets	\$15780151
Net Non-operating Gains over Loss	\$-615	Total Liabilities	\$20516026

Total Net Gains	\$4076337
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$31214345	\$22870964	\$8343381
Medicaid	\$20943681	\$15373010	\$5570671
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$32017730	\$18213146	\$13804584
Total	\$84175756	\$56457120	\$27718636

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$34532	\$35793	\$-1261

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$36204	\$-36204

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	457
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement
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Hospital Charity Charges	\$6255918
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1669278	
HCI Payments	\$0		
Subtotal	\$0	\$1669278	\$-1669278
Medicaid Shortfalls	\$5163909	\$6817743	
Subtotal	\$5163909	\$8487021	\$-3323112
DSH Payments	\$2,125,653		
Subtotal	\$7289562	\$8487021	\$-1197459
Medicare Shortfalls	\$8378324	\$8328982	
Other Government Programs	\$0	\$0	
Total	\$15667886	\$16816003	\$-1148117

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$24538	\$-24538
Community Assessment	\$0	\$12166	\$-12166
Provision of Taxes	\$0	\$1229301	\$-1229301
Other Allocations	\$0	\$0	\$0

Comments

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